

**CERTIFICATE OF FACSIMILE TRANSMISSION
UNDER 37 CFR §1.8****RECEIVED
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NOV 30 2006**

ATTN: Mail Stop Amendment
Facsimile number: 571-273-8300
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

on November 30, 2006. Total Pages including this sheet: 18

Rhonda Zaffino
Rhonda Zaffino

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In Re Application of:**

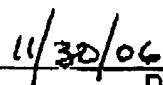
Andrew B. Lederman	Confirmation No.:	7813
Serial No.:	Group Art Unit:	3734
10/695,886	Examiner:	Bachman, Lindsey Michele
Filed: 10/29/2003	Docket No.:	050508-1110
For: Suture Needles and Methods of Use		

The following is a list of documents enclosed:

**Amendment Transmittal Letter
Response to Nonfinal Office Action**

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

NOV 30 2006

AMENDMENT TRANSMITTAL LETTER (SMALL)				Docket No. 050508-1110	
Applicant(s): Andrew B. Lederman					
Serial No. 10/695,886	Filing Date 10/29/2003	Examiner Bachman, Lindsey Michele	Confirmation No. 7813	Group Art Unit 3734	
Invention: SUTURE NEEDLES AND METHODS OF USE					
Commissioner for Patents Mail Stop Amendment P.O. Box 1450 Alexandria VA 22313-1450					
Transmitted herewith is a Response to Nonfinal Office Action in the above-identified application.					
The fee has been calculated and is transmitted as shown below					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16 -	21 =	0	X \$25.00	\$0
INDEP. CLAIMS	3 -	4 =	0	X \$100.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$180.00
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$60.00	2 ND MONTH <input type="checkbox"/> \$225.00	3 RD MONTH <input type="checkbox"/> \$510.00	4 TH MONTH <input type="checkbox"/> \$795.00	\$0
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0
<input checked="" type="checkbox"/> No additional fee is required. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> A Credit Card Payment Form PTO-2038 is attached in the amount of \$ _____. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.					
 Cynthia J. Lee, Reg. No. 46,033			 Date		

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Serial No.:	10/695,886	Andrew B. Lederman	Confirmation No.:	7813
Filed:	October 29, 2003	Group Art Unit:	3734	Examiner: Bachman, Lindsey Michele
		TKHR Ref:	050508-1110	Emory Ref: 03033

For: SUTURE NEEDLES AND METHODS OF USE

RESPONSE TO NONFINAL OFFICE ACTION

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

The nonfinal Office Action dated September 11, 2006 has been carefully considered. In response thereto, please enter the following amendments and consider the following remarks.

It is not believed that extensions of time or fees for net addition of claims are required, beyond those, which may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. §1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 20-0778.